

FILED - USDC -NH  
2022 AUG 22 PM12:13

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AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

## UNITED STATES DISTRICT COURT

for the  
District of New Hampshire

Josephine Amatucci

Plaintiff/Petitioner

v.

~~Wolfeboro, NH, Town of et al~~

Defendant/Respondent

ATTORNEY DENNIS P. J. CONNOR

Civil Action No. ~~18-cv-00038~~APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Long Form)

## Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Josephine Amatucci

## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

8/17/2022

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source                                     | Average monthly income amount during the past 12 months |        | Income amount expected next month |        |
|---|---|--------|-----------------------------------|--------|
|   | You   | Spouse | You                               | Spouse |
| Employment  | \$ N/A  | \$ /   | \$ /                              | \$ /   |
| Self-employment                                   | \$ N/A  | \$ /   | \$ /                              | \$ /   |
| Income from real property (such as rental income) | \$ N/A  | \$ /   | \$ /                              | \$ /   |
| Interest and dividends                            | \$ N/A  | \$ /   | \$ /                              | \$ /   |
| Gifts   | \$ N/A  | \$ /   | \$ /                              | \$ /   |
| Alimony   | \$ N/A  | \$ /   | \$ /                              | \$ /   |

Child Support

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

|  |         |         |         |         |
|--|---------|---------|---------|---------|
| Retirement (such as social security, pensions, annuities, insurance) | \$      | \$      | \$      | \$      |
| Disability (such as social security, insurance payments)             | \$      | \$      | \$      | \$      |
| Unemployment payments  | \$      | \$      | \$      | \$      |
| Public-assistance (such as welfare)                                  | \$      | \$      | \$      | \$      |
| Other (specify):   | \$      | \$      | \$      | \$      |
| <b>Total monthly income:</b>   | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
|          |         |                     | \$                |
|          |         |                     | \$                |

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
|          |         |                     | \$                |
|          |         |                     | \$                |
|          |         |                     | \$                |

4. How much cash do you and your spouse have? \$ \_\_\_\_\_

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial institution | Type of account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
|                       |                 | \$              | \$                     |
|                       |                 | \$              | \$                     |
|                       |                 | \$              | \$                     |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts.

household furnishings.

| Assets owned by you or your spouse |            |
|------------------------------------|------------|
| Home (Value)                       | \$ UNKNOWN |
| Other real estate (Value)          | \$ NONE    |
| Motor vehicle #1 (Value)           | \$ UNKNOWN |
| Make and year:                     |            |
| Model:                             |            |
| Registration #:                    |            |
| Motor vehicle #2 (Value)           | \$         |
| Make and year:                     |            |
| Model:                             |            |
| Registration #:                    |            |
| Other assets (Value)               | \$         |
| Other assets (Value)               | \$         |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| /                                     | \$ /               | \$ /                       |
| /                                     | \$ /               | \$ /                       |
| /                                     | \$ /               | \$ /                       |

7. State the persons who rely on you or your spouse for support.

| Name (or, if under 18, initials only) | Relationship | Age |
|---------------------------------------|--------------|-----|
| /                                     | /            | /   |
| /                                     | /            | /   |
| /                                     | /            | /   |

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

| <i>See Attached</i>  | You | Your spouse |
|--|-----|-------------|
| Rent or home-mortgage payment (including lot rented for mobile home)<br>Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No | \$  | \$          |
| Utilities (electricity, heating fuel, water, sewer, and telephone)   | \$  | \$          |
| Home maintenance (repairs and upkeep)  | \$  | \$          |
| Food   | \$  | \$          |
| Clothing   | \$  | \$          |
| Laundry and dry-cleaning   | \$  | \$          |
| Medical and dental expenses  | \$  | \$          |
| Transportation (not including motor vehicle payments)  | \$  | \$          |
| Recreation, entertainment, newspapers, magazines, etc.   | \$  | \$          |
| Insurance (not deducted from wages or included in mortgage payments)   |     |             |
| Homeowner's or renter's:   | \$  | \$          |
| Life:  | \$  | \$          |
| Health:  | \$  | \$          |
| Motor vehicle:   | \$  | \$          |
| Other:   | \$  | \$          |
| Taxes (not deducted from wages or included in mortgage payments) (specify):  | \$  | \$          |
| Installment payments   |     |             |
| Motor vehicle:   | \$  | \$          |
| Credit card (name):  | \$  | \$          |
| Department store (name):   | \$  | \$          |

|                         |  |         |         |
|-------------------------|--|---------|---------|
| <i>statement)</i>       |  |         |         |
| Other (specify):        |  | \$ /    | \$ /    |
| Total monthly expenses: |  | \$ 0.00 | \$ 0.00 |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?  
☐ Yes ☒ No If yes, describe on an attached sheet.
10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No  
 If yes, how much? \$ \_\_\_\_\_
11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.
12. Identify the city and state of your legal residence.

Your daytime phone number:

603-569-2429

Your age: 83

Your years of schooling:

3 years College

5620

SOCIAL SECURITY \$1,624.00

|     |                                |             |
|-----|--------------------------------|-------------|
| 1.  | AARP-United Health Insurance   | 174.50      |
| 2.  | Liberty Mutual House Insurance | 127.46      |
| 3.  | Prescripttion Drugs            | 32.60       |
| 4.  | Metrocast                      | 184.11      |
| 5.  | Fuel (heating)                 | 350.00      |
| 6.  | Electric (Town)                | 50.00       |
| 7.  | Food                           | 300.00      |
| 8.  | Gas for Car                    | 100.00      |
| 9.  | Clothing                       | 50.00       |
| 10. | Allstate (car)                 | 103.14      |
|     | TOTAL                          | \$1, 471.81 |

Social Security \$1,624.00



**Cardinal & Glidden Co., Inc.**  
P.O. Box 625  
Farmington, NH 03835

(603) 755-3562  
Fax (603) 755-3530  
info@cardinalglidden.com

Chris Glidden  
Owner

A  
Family  
owned and  
operated  
company for  
over 50  
years!

STEPHANE AMATUCCI

DATE 3/25/2021

ACCT. # 884960001

PAYMT. RECEIVED \$231.64

**IMPORTANT**

**BUDGET  
PLANS**

This is a memo  
invoice. Please  
continue your  
regular  
payments

**PREPAY  
ACCOUNTS**

This  
receipt/invoice  
is for your  
records only

**C.O.D. &  
BILLABLE**

Discounts are  
included in the  
ticket pricing

☐ NOT FULL

**PLEASE PAY THIS AMOUNT ▲ ▲**

**- THIS IS YOUR ONLY INVOICE -**

PLEASE REMIT YOUR PAYMENT  
UPON RECEIPT OF THIS DELIVERY

OFFICE OF THE TAX COLLECTOR  
TOWN HALL BUILDING 84 SOUTH MAIN STREET  
PO BOX 629  
WOLFEBORO, NH 03894-0629

Office Hours: Monday-Friday 8am-4pm Telephone: (603) 569-3902  
E-mail - taxcollector@wolfboroughnh.us

February 19, 2021

AMATUCCI, JOSEPHINE

PO BOX 272

WOLFEBORO FALLS NH 03896-0272

**NOTICE OF TAX ARREARAGE**

2020 TAX RECORDS INDICATE THE FOLLOWING TAX ACCOUNT IS UNPAID

PROPERTY TAX ACCOUNT # 10-3996.701

PROPERTY ID# 151--21

350 GOV WENTWORTH HWY

AMOUNT DUE: \$ 1108.00

Interest 8% per annum as of due dates 07/10/20 and 1/13/21

The tax amount due together with interest must be paid in full and received by the tax office no later than March 15, 2021 to prevent additional costs associated with notice of impending tax lien.

Amounts do not include up-to-date interest and or cost computation. Please contact the tax office at (603) 569-3902 prior to making payment.



Brenda L. LaPointe, Certified Tax Collector



## Property Location

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 104



APPROPRIATE

THIS DOCUMENT CONTAINS NEITHER RECOMMENDATIONS NOR CONCLUSIONS OF THE NATIONAL BUREAU OF STANDARDS. IT IS THE PROPERTY OF THE NATIONAL BUREAU OF STANDARDS AND IS LOANED TO YOUR ORGANIZATION; IT AND ITS CONTENTS ARE NOT TO BE DISTRIBUTED OUTSIDE YOUR ORGANIZATION.

## PROPERTY LOCATION

THE INTERDEPARTMENTAL COMMITTEE ON INVESTIGATIONS HAS BEEN CHARGED  
TO CONSIDER THE PROBLEM OF THE REDUCTION OF FINANCIAL COSTS  
OF THE DEPARTMENT OF INVESTIGATION FOR THE PROSECUTION OF  
CRIMINAL CASES.

Please return this portion with your payment and make checks payable to

5611 AV 0.398 E0238X 10256 D7137571278 S2 P7999964 0001:0001



JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 03896-0272

Town of Wolfeboro  
P.O. Box 777  
Wolfboro, NH 03894-0777

| CIPAL ELECTRIC DEPARTMENT<br>UTH MAIN STREET<br>OX 777<br>EBORO, NH 03894-0777<br>59-8150<br>59-8183 | ACCT NO.     | 09-0449.002 | PROPERTY OWNER   | JOSEPHINE AMATUCCI     |         |           |       |                |
|--|--------------|-------------|------------------|------------------------|---------|-----------|-------|----------------|
|  | NEXT READ    | 02/22/21    | SERVICE LOCATION | 350 GOV WENI WORTH HWY |         |           |       |                |
|  | BILLING DATE | 01/28/21    | RATE             | DOMESTIC ALL YR DA     |         |           |       |                |
| METER NUMBER(S)  | PREVIOUS     |             |                  | PRESENT                |         |           | MULTI | TOTAL KWH USED |
|  | DATE         | READING     | READ CODE        | DATE                   | READING | READ CODE |       |                |
| 83264815   | 12/21/20     | 62685       | AMR              | 01/25/21               | 65427   | AMR       | 1     | 2742           |

|                                 |             |
|---------------------------------|-------------|
| PREVIOUS BALANCE                | \$17,543.61 |
| PAYMENTS AS OF 1/28/21          | \$50.00 CR  |
| BALANCE FORWARD                 | \$17,493.61 |
| CUSTOMER CHARGE                 | \$5.55      |
| DISTRIBUTION 2742 KWH @ .035200 | \$96.52     |
| GENERATION 2742 KWH @ .102400   | \$280.78    |
| TOTAL AMOUNT DUE                | \$17,876.46 |

**KWH USAGE COMPARISON**

|        |    |                  |             |                   |
|--------|----|------------------|-------------|-------------------|
| ENT    | IN | 35 DAYS YOU USED | 2742 KWH OR | 78.34 KWH PER DAY |
| MONTH  | IN | 0 DAYS YOU USED  | 0 KWH OR    | 0.00 KWH PER DAY  |
| OUS YR | IN | 35 DAYS YOU USED | 2664 KWH OR | 76.11 KWH PER DAY |

THIS IS A REMINDER THAT YOUR ACCOUNT IS PAST DUE! \*

**TOTAL ELECTRIC CHARGES DUE BY**

02/24/21

\$17,876.46

|   |                                      |          |
|---|--------------------------------------|----------|
| All Other Peril Deductible                    | 500                                  |          |
| Wind and Hail Deductible                      | 1,000                                |          |
| Other Structures                              | 13,973                               | Included |
| Loss Settlement                               | Full Repair Cost                     |          |
| Additional Living Expense/Fair Rental Value   | 1,000                                | \$5.00   |
| Inspection Fee                                |                                      | \$26.00  |
| Premises Liability                            | 100,000                              | \$70.00  |
| Medical Payments                              | 500 Per person 25,000 Per occurrence | Included |
| Mold and Remediation - Liability              | 50,000                               | Included |
| Property Manager Premises Liability Extension |                                      | Included |
| Vandalism or Malicious Mischief               |                                      | \$140.00 |
| Deductible                                    | 500                                  |          |
| Fire Department Service Charge                | 500                                  | Included |
|   | Premium                              | \$825.00 |

**IMPORTANT NOTICE**

This is an insurance quote only, and is not a binder or confirmation of coverage. This quote is subject to change based on final underwriting review. Coverage will not begin until after you have provided your agent with all required documentation and you have been notified that the insurance company has accepted your application.

Thank you for this opportunity to provide an insurance quote for your consideration. If you have any questions about the premium, coverages or payment options, please give us a call.

**Dwelling Basic Quote**

American Modern Property and Casualty Insurance Company  
 Policy Period: 04/05/2022 - 04/05/2023 Policy Term: Annual  
 Date of Quote: 04/05/2022 Policy Type: Dwelling Basic  
 Submission Number: 001-475-88-65

**POLICY INFORMATION****Client Information**

**Primary Named Insured:**  
 JOSEPHINE AMATUCCI  
 PO BOX 272  
 WOLFEBORO FALLS NH 03898-0272

**Applicant's Primary Phone:** (603) 569-2429  
**Social Security Number:**  
**Marital Status:**  
**Date of Birth:** 09/27/1938  
**Gender:**

**Has the applicant moved in the last 60 days?** No

**Previous Address:**

**Agency Information**

**Contracted Agency:** VANTAGE SELECT AGENCY INC -  
 #302619

**Contracted Agency Address:**  
 POST OFFICE BOX 5323  
 CINCINNATI OH 45201

**Your Agent:** JON OLIVER CLARK- #002647  
**Your Agent Address:**  
 35 CENTER ST STE 9  
 WOLFEBORO NH 03898

**Your Agent Phone Number:** (603) 569-0110

**Contracted Agency Phone Number:** (800) 543-2644

**POLICY PREMIUM SUMMARY**

|                 |          |
|-----------------|----------|
| Total Premium:  | \$825.00 |
| Taxes and Fees: | \$0.00   |
| Total Cost:     | \$825.00 |

**Policy Discounts**

Claims Free Discount  
 Auto Home Discount

**Dwelling Discounts**

**Dwelling #1: 350B GOVERNOR WENTWORTH HWY, WOLFEBORO NH 03894-4635**  
 Deadbolts, Smoke Alarm and Fire Extinguisher

**DWELLING INFORMATION**

**Dwelling #1: 350B GOVERNOR WENTWORTH HWY, WOLFEBORO NH 03894-4635**

**Dwelling Details**

**Occupancy:** Rental  
**Residence Type:** 1 Family Residence

**Territory:**  
 1

**Protection Class Code:**  
 4

**Year Built:**  
 1960

**Construction Type:**  
 Frame

**Year Roof Replaced:**  
 2010

**COVERAGE INFORMATION**

MasterCard (xxxx6076)

Policy Number

102687692

Named Insured

Josephine Amatucci

Amount

\$132.00

Date

5/10/22

Receipt Number

1010605418

OK

Print

## PAYMENT RECEIPT

Allstate Insurance Company  
Northbrook, Illinois

Agent Name : JON CLARK  
Agent Number : 0C2647  
Agent Address : 35 CENTER STREET.  
WOLFEBORO, NH 03896  
Business Phone : 1 (603) 569-0110

**Receipt No. : 01645**

Payment Date : 05 / 10 / 2022

Payment Time : 11 : 55 : 07

Amount Received : \$142.08 CR CRD

**Total Received : \$142.08**

\*\*The above amounts were applied to the following policy(ies)\*\*

| Policy/App Number | Eff. Date | Policy Type | Line | Amount Applied |
|-------------------|-----------|-------------|------|----------------|
| 000000984309966   | 05/12     | AUTO-AFCIC  | 010  | \$142.08       |

**Customer Name / Address**

JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS, NH 03896

Want more payment options? Visit my agency website or [www.allstate.com](http://www.allstate.com) to find out how you can manage your account 24/7.

**We Appreciate Your Business.**

Thank you for being our customer. I hope you'll remain in Good Hands<sup>®</sup> with Allstate for many years to come.

  
\_\_\_\_\_  
Agent Signature

# MetroCast

METROCAST CABLEVISION  
 9 APPLE RD BELMONT NH 03220-3251  
 603 82 1600 WM RP 08 11078017 NADUNVNN 01 008178 0026  
 JOSEPHINE AMATUCCI  
 PO BOX 272  
 WOLFEBORO FALLS NH 03896-0272



## Statement of Service

Page 1 of 3  
 Billing Date: November 6, 2017  
 Account Number: 8282 16 019 0036339  
 How to reach us ....  
 Office hrs M-F 8:00am-8:00pm  
 Sat 8am-4:30pm [www.MetroCast.com](http://www.MetroCast.com)  
 Phone hrs 24/7 1-800-852-1001

For Service At...  
 350 GOVERNOR WENTWORTH HWY  
 WOLFEBORO NH 03894-4635

## Account Summary

Your account is past due. Please remit the total balance due immediately to avoid a \$25.00 collection alert charge or disconnection of service. If payment was made after the remittance date, please disregard this message. Thank you.

Please see reverse side for account details.

|                   |              |
|-------------------|--------------|
| Previous Balance  | \$ 324.79    |
| Payment(s)        | -188.63      |
| Monthly Charge(s) | 167.81       |
| Other Charge(s)   | 5.00         |
| Taxes & Fee(s)    | 8.88         |
| Balance Due       | \$ 392.85    |
| Payment Due Date  | Upon Receipt |



RX

814AD501/PC018001-00000-02

November 08, 2017

Member ID: 017354256-1

**You have a past due amount.  
Please pay so you don't lose  
your plan.**

Dear JOSEPHINE S AMATUCCI,

We want to let you know that you have a past due amount on your AARP MedicareRx Saver Plus (PDP) account. As of November 08, 2017, you owe \$65.20. Please pay this amount upon receipt so that you won't disenroll.

**What happens if I don't pay?**

If we don't receive payment by the due date, we will charge you each month's premium (monthly charge) by December 31, 2017. We will have to disenroll you from AARP MedicareRx Saver Plus (PDP) effective December 31, 2017. After December 31, 2017, you will no longer be covered by AARP MedicareRx Saver Plus (PDP). However, your other Medicare benefits will not be affected if you are disenrolled from AARP MedicareRx Saver Plus (PDP).

**Premium payment:**

Your premium is due on the first of each month. If we don't receive your payment by the first of each month, it will be added to your past due amount.

If you wish to pay your next month's premium today with the past due amount, here is due soon.

Past due amount

\$65.20

Premium (monthly charge)

\$12.00

Upon receipt

December 31, 2017



\*006262\*

LIBERTY MUTUAL INSURANCE  
P.O. BOX 6829  
SCRANTON, PA 18505



**PLEASE READ:** Payments or documents sent to the address above will not be processed

JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 03896-0272

### Your Bill is Past Due.

We have not received your payment as of 04/06/2020. Please pay total amount due to avoid possible interruption to your coverage.

Josephine, thank you for being our valued customer since 2017!

### THIS IS YOUR HOME INSURANCE BILL AS OF APRIL 06, 2020

#### INSURANCE INFORMATION

|                   |  |
|-------------------|--|
| Policy Number.    | H37 218 117400 70                                      |
| Policy Period     | May 07, 2019 - May 07, 2020                            |
| Bill Frequency.   | Monthly  |
| Property Insured. | 350 GOVERNOR WENTWORTH HWY<br>WOLFEBORO, NH 03894-4635 |

#### BILLING DETAILS

|                         |          |
|-------------------------|----------|
| Previous Policy Balance | \$123.27 |
| Payment Activity        |          |
| Payments Received       | \$0.00   |
| Instalment Charge       | \$5.00   |
| Policy Balance          | \$128.27 |
| Past Due Amount         | \$123.27 |
| Instalment Charge       | \$5.00   |

**Please Pay Total Amount Due by April 26, 2020 \$128.27**

#### QUESTIONS

##### Questions Regarding Your Policy or Bill?

\* 800-225-8285

##### Want to Pay Online?

libertymutual.com/service

##### Need to Report a Claim?

\* 800-2CLAIMS (1-800-225-2467)

##### Mail Check to:

Liberty Mutual Group  
PO BOX 1452  
New York, NY 10116-1452

##### Save Time & Money

Eliminate instalment charges by paying your balance in full.



#### PAYMENT COUPON

Please send all payments in the envelope provided.  
Please make check payable to: Liberty Mutual Group



Save time and money by signing up for automatic payments via

JOSEPHINE AMATUCCI

**Due Date:** April 26, 2020

**Policy Number:** H37-218-117400 70

**Invoice Number:** 00000285724331

